

CONSUMER INQUIRY/COMPLAINT FORM
Missouri Department of Agriculture
Weights & Measures Division - Fuel Quality Program
P.O. Box 630
Jefferson City, MO 65102
573-751-2922 (phone) or 573-751-8307 (fax)

Your Name _____
Address _____
City _____ State _____ Zip _____
Your Phone Number (8:00 a.m. to 5:00 p.m.) _____

Station Name _____
Address _____
City _____ State _____ Zip _____
Phone No. _____ County _____

Date Fuel Was Purchased _____ Time _____ Product _____ Grade _____ Octane _____
Type of Problem ☐ Octane ☐ Water/Sediment ☐ Other _____
Severity of Problem ☐ Poor Performance ☐ Vehicle Will Not Run
Vehicle Type: Year _____ Make _____ Model _____
Did You Notify Station? ☐ Yes ☐ No
If yes, when and what did they say? _____

Describe problem & repairs made to vehicle: _____

Office Use Only

Inspector _____ Contacted _____
(Date) (Time)
Inspector will sample on _____ Sample will be shipped on _____
Action to take _____

Office Use Only

Consumer contacted with results on _____ ☐ via phone ☐ via mail by _____
Briefly explain what was reported _____